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THE RHODE ISLAND MEDICAL JOURNAL



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CONTENTS

ORIGINAL ARTICLES

Moles, Warts and Epitheliomata. Dr. Roy Blosser	71
Is the State of Rhode Island ready to have a Law authorizing the Eugenic Sterilization of the Mental Defectives and Criminals? Dr. Henry A. Jones	75
Some Problems met with at the School for Feeble Minded. Dr. Joseph Ladd	79

Contents continued on page IV advertising section

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ORIGINAL ARTICLES

MOLES, WARTS AND EPITHELIOMATA.*

BY DR. ROY BLOSSER

PROVIDENCE, R. I.

Unquestionably, in a certain percentage of cases, cancers have developed from moles, and this fact is recognized not only by the medical profession but by many of the laity. In order to discuss this subject intelligently we must first classify and describe the different varieties of moles. Moles are a form of naevi or congenital growths. Like all naevi they may not be present at birth, or, they may be so small as to escape notice until the child is two or three years of age; in some cases they may not develop until adult life.

The common type of mole is classed as a non-vascular pigmented naevus, the term non-vascular being used to distinguish it from the angiomaticus naevus or birth mark. It may be level with the skin being simply a smooth pigmented spot—naevus spilus—or it may be raised, constituting the common type of mole so frequently seen on the face, neck, or back. A mole may have hair growing from it—naevus pilosus. It may also have a rough, warty surface—naevus verrucosus. Less frequently a mole is non-pigmented, being the same color as the surrounding skin. It may be slightly pigmented so that it is of a pale brownish color, or there may be any gradation of color between it and a black one.

In regard to the advisability of removing moles, it would be safer to remove them in every case because a small percentage of them will in time undergo malignant change. But it is not customary, I think, to urge their removal except for the following reasons: a mole which is growing larger, or one which has become inflamed, or is breaking down or crusting over should be removed without delay; a mole situated on the nose is especially apt to become malignant; a mole which for any reason

is subjected to friction or irritation should be removed.

When a pigmented mole becomes malignant it forms a melanotic carcinoma, which is a very serious type of cancer to deal with. When a non-pigmented mole becomes malignant, it develops into a basal-celled epithelioma, a much less serious type of cancer and one easily dealt with unless too advanced.

REMOVAL OF MOLES.

Raised pigmented and non-pigmented moles which are not inflamed or otherwise changed from their usual appearance may be removed by caustics or electrolysis if the patient is not over 35 or 40 years of age, or by CO₂ snow or excision at any age. If the mole is on the face or neck the removal by applications of CO₂ snow is preferable because, if properly done, the scar which remains is almost imperceptible. If the mole is situated on the back or chest, removal by excision is, I think, quickest and best and the patient does not object to the small linear scar that is left. The pain of the operation can be obviated by the injection of novocaine and even the pain of inserting the needle can be avoided by freezing a small area adjacent to the mole with ethyl chloride. The technique of the latter procedure I shall describe in dealing with the removal of warts. If the mole is pedunculated it is a simple matter to freeze it with ethyl chloride, remove it with a curette and touch the base with lunar caustic or trichloracetic acid. There is no danger of malignancy in a mole which is pedunculated, whether it is of the pigmented or the non-pigmented variety. If the mole contains hair this should be removed first with the electric needle. The needle will also destroy a part of the mole and what remains may be removed by the methods already mentioned.

Although moles are usually only as large as a pea or bean they may in rare instances be very much larger—a foot or two in diameter or even larger. These extensive areas can only be dealt with by plastic surgery and skin grafting and in extreme cases even this is not practicable.

One type of mole resembles a grain of gun-

*Read before the Washington County Medical Society,
January 8, 1925.

powder buried in the skin. Such moles are exceedingly dangerous if subjected to irritation. Either they should be left alone or removed thoroughly by a deep incision on each side of the lesion.

WARTS.

The exact cause of warts has not been found. We know that common warts are inoculable, either to another part of the body or to another person, but the organisms which cause them have not been isolated. Even less is known about the unusual types of warts—the plantar wart, the flat juvenile wart, the acuminate wart, the filiform wart, and the seborrhoeic or senile wart. The common wart—*verruca vulgaris*—which frequently occurs on the hands is not always easy to remove. Treatment with X-ray has the advantage of being painless and does not leave a scar. The surrounding skin must be covered with sheet lead on account of the heavy dose of X-ray required, and when the warts are numerous this is a tedious job. Also, when the warts are large and deep, several months' treatment is necessary to effect their removal. Another method is to freeze the wart with ethyl chloride, remove it with a curette and touch the base with lunar caustic. The objection to this method is that the freezing is quite painful, especially on the fingers, and the anesthesia has worn off before we can cauterize the base.

Recently I have been using a combined method: a piece of thin cardboard with a small hole in it is held over the wart and ethyl chloride is sprayed on so as to freeze an area about one quarter of an inch in diameter just adjoining the wart. An injection of 1% novocaine beneath the wart can then be made painlessly by thrusting the needle through the frozen area. Removal by curette and cauterization is then free from pain. The same method can be used for the removal of acuminate warts. The latter occur around the genitalia and are sometimes called venereal warts on account of their frequent association with gonorrhea. They also occur independently of this disease in the genital region, and on the scalp. They are usually constricted at the base and may sometimes reach considerable size, an inch or more in diameter.

Plantar wart, sometimes called papilloma of the sole, is a comparatively common affection and one which causes a great deal of pain and discomfort in walking or standing. In appearance a plantar

wart resembles an ordinary callus on the sole of the foot. It is whitish or yellowish in color and scarcely raised above the surface of the skin. A superficial layer of thickened skin can be peeled off with a scalpel but further attempts at removal are very painful and it is found that the growth projects down into the tissues and is well supplied with blood vessels and nerves.

The cause of plantar warts is not known. It is believed by some that they are the same as ordinary warts but with an added callosity due to the friction of walking. Trauma is thought to predispose to the condition and it is said to be particularly common in college athletes and others who are in the habit of wearing thin-soled shoes for outdoor walking.

The following description of the pathology of plantar warts is given by MacLeod: "When the superficial layer is peeled or shaved off it is found that there is a central depression surrounded by a hard, horny ring which spreads to the periphery of the wart. The opening widens out beneath to a base covered with a whitish, opaque papillomatous growth which is tough but bleeds readily on being picked with a scalpel. Sometimes the lesions are conglomerate and present a number of these central depressions."

Before the X-ray came into use as a means of removing plantar warts the methods of treatment were very unsatisfactory. The continuous application of a 10% salicylic acid plaster, it is claimed, will remove them in some cases. Carbon dioxide snow is often successful, but its use is painful on account of the depth of the lesions and the marked inflammatory reaction which is set up. Surgical removal is not advised because the scar which is left is likely to remain sensitive to pressure.

My own experience in treating these cases has been confined to the use of the X-ray. A moderately intensive dose is used and exposures are given every four weeks. From one to three of these exposures is required to effect a cure.

VERRUCA PLANA JUVENILIS.

Flat juvenile warts occur mainly on the face, neck, or hands and in some cases are very numerous. They are smooth, flat and only very slightly elevated above the surrounding skin and in size vary from a pinhead to a small split pea. In color they may be pale brown or may be the same color as the skin.

For the removal of these warts several methods of treatment are used but no one method is entirely dependable. Painting them with salicylic colodion, 12%, is often successful after a time. The internal administration of protiodide of mercury gives prompt results in some cases. The X-ray sometimes succeeds but is much less effective than in the common variety of warts.

The filiform wart is often seen on the eyelids but also occurs on the face or neck. They are easily removed by cutting them off close to the skin with scissors and applying trichloracetic acid to the base.

SENIILE WARTS.

Seborrhoeic or senile warts occur in elderly people, as the name suggests. The lesions are round elevations of a dirty grayish or blackish color, usually the size of a split pea; in some cases a number of lesions appear to have coalesced and formed larger areas. They occur mostly on the upper part of the trunk, the face and the backs of the hands. In some cases seborrhoeic warts undergo malignant change and for this reason they should not be subjected to the application of caustics. Their removal is most easily effected with X-ray treatment.

EPITHELIOMATA.

With few exceptions the epitheliomata are comprised in two main classes, the basal-celled and the squamous-celled. While this is a pathological classification, in practice it is rarely necessary to remove a portion of the tumor for examination in order to decide which type of cancer we are dealing with. This can be determined by the appearance and location of the lesion.

The less malignant of the two types is the basal-celled epithelioma, so called because it takes its origin from the basal layer of the epidermis. This type spreads slowly as a rule and by direct extension, practically never metastasizing through blood vessels or lymphatics. It occurs most commonly on the face above a line drawn horizontally just above the upper lip. It is the most common type of cancer of the face in old people. It does sometimes occur in middle-aged people; and cases have been reported in younger people, though rarely in people under 30 years. I recently saw a case in a woman of 34 years.

This type of epithelioma begins as a small nodule which has a somewhat shiny or translucent appearance, or as a small elevation of skin covered by a soft crust. In this stage it grows very slowly and several years may elapse before the center of the lesion breaks down forming a superficial ulcer. When it has reached this stage it is distinctive in appearance and could hardly be confused with anything else. There is a central ulcer which appears deeper than it is because the border is elevated above the surrounding skin. This border is smooth on the surface and appears somewhat whitish or pearly as it is usually called. The term wax-like more nearly describes it. Given a lesion of this description there should be no hesitation in making a diagnosis nor is there the slightest necessity of having a piece of the tissue removed for examination. In some cases the wax-like appearance of the border is indistinct or a part of it is lacking. The ulcer, especially when small, may be covered with a crust but when this is removed the characteristic appearance of the lesion is revealed.

This is the most frequent clinical type of the basal-celled epithelioma. It is sometimes called rodent ulcer and formerly was not believed to be malignant.

Another type which is not unusual is termed the superficial cicatrising variety. The ulceration is very superficial and spreads irregularly and with comparative rapidity at the border while scar tissue takes the place of the more central part of the lesion. In some cases quite a good-sized area of skin is involved, resembling as MacLeod suggests, an old patch of lupus vulgaris or a superficial serpiginous syphilide. Three of my cases have been of this type; in two the lesions were located on the bridge and sides of the nose and were between $\frac{1}{2}$ and $\frac{3}{4}$ inch in diameter. In the third case the lesion covered an area roughly $1\frac{1}{2}$ by 2 inches on the upper part of the forehead.

In other cases no ulceration is apparent. The lesion consists of a whitish thickening of the skin with a few telangiectatic vessels ramifying over the surface. This is termed the morphea type of epithelioma on account of its resemblance to morphea or scleroderma. I have recently seen two cases of this type, both located on the back of the shoulder.

These various types of basal-celled epitheliomata are easily cured by X-ray or radium except in an occasional long neglected case in which the periosteum or bone is involved; in my own practice, fortunately, I have had only one case of this kind, and in the remaining 20 cases treated during the past 3½ years the results have been good in every one and there have been no recurrences.

In my own practice, I invariably remove with a curette the granulomatous tissue within the center of the ulcer, but it is not necessary to remove any of the overlying skin; novocaine is used for anesthesia. Following this procedure a moderately intensive dose of X-ray is given, covering the surrounding skin with sheet lead up to within one-quarter of an inch of the lesion. This method of treatment was introduced by Fordyce in 1906 and has been used in a vast number of cases since that time. Curetting is perfectly safe in basal-celled epitheliomata and it enables us to effect a cure in a much shorter time than is possible by the use of X-ray or radium alone. Furthermore a smaller amount or dose of radiation is required because the base of the ulcer is exposed to the direct rays without the intervention of cancerous tissue.

The end results of this method of treatment, from a cosmetic standpoint, are remarkably good. Usually the scar which remains is so slight that it is difficult to detect.

SQUAMOUS-CELLED EPITHELIOMATA.

The squamous-celled or prickle-celled epitheliomata are much more dangerous than the basal-celled. They not only grow more rapidly but they also metastasize into neighboring glands and tissues. Practically all cancers of the lips and tongue belong to this variety, basal-celled epitheliomata being exceedingly rare in this location. They may develop from a patch of leucoplakia on the tongue or some part of the mouth; they may also follow the irritation produced by rough teeth, or a dental plate, or excessive pipe or cigar smoking.

They may develop in the scar of a burn on any part of the body; also as a sequel to lupus vulgaris, seborrhoeic warts, senile keratoses, xeroderma pigmentosum and other skin diseases, and from long-continued irritation of the skin by tar and other irritants.

The treatment of this type of epitheliomata is surgical. If metastases have occurred nothing short

of a radical operation offers any hope of saving the patient's life. The only cases in which, in my judgment, X-ray or radium should be used are the early ones in which the lesion is superficial and in which deep induration is lacking. The surface application of radium or X-ray to a deep lesion is not only ineffective but it actually provokes more rapid growth of the cancer. The radiation is so largely absorbed before it has penetrated to the deep part of the tumor that what remains is not strong enough to be effective.

MELANOTIC CARCINOMA.

Naevo-carcinoma or melanotic carcinoma takes its origin in a pigmented mole or spot and is the most malignant of all forms of cancer. It is not likely to develop until after middle age. When a pigmented mole, as a result of irritation produced by rubbing, the application of caustics, or other causes, begins to undergo malignant change, it increases in size, becomes darker in color and is surrounded by more or less inflammation. The treatment at this stage is free incision, including some of the tissue on each side of the lesion.

Later, when metastases have developed, operation will probably be futile.

CONCLUSIONS.

1. Epithelioma should be suspected in all persistent nodular, crusted, or ulcerated lesions developing slowly after middle life. If located on the face at some point above the upper lip or on the ears and if not pigmented they are in all probability basal-celled in type and can easily be dealt with.

2. Epitheliomata on the tongue, lips or other mucocutaneous junction are probably squamous-celled in type; early operation may be effective but if metastases have occurred these must also be dealt with.

3. Any bluish or blackish tumor developing on any part of the body suggests a very grave prognosis unless dealt with radically before metastases have occurred.

Since the above paper was written there has been one recurrence of a small basal-celled epithelioma of the back of the ear, first treated a year and a half ago. On February 7, 1925, the lesion was again curetted and given X-ray; when seen

recently it had healed smoothly. I am under the impression that the cancerous tissue was not thoroughly removed by the first curettage and that this allowed it to re-grow.

IS THE STATE OF RHODE ISLAND READY TO HAVE A LAW AUTHORIZING THE EUGENIC STERILIZATION OF THE MENTAL DEFECTIVES AND CRIMINALS?

By DR. HENRY A. JONES

CRANSTON, R. I.

During the twenty and more years that I was engaged in the various State Institutions at Howard, I had ample opportunity to observe the result of the mismating of the mentally unfit by legal process, that is, by marriage, and also to see the result of the mating of others without the pale of the law, whose mating was simply to satisfy their impulse of sexual urge, and under which impulse, they were powerless to resist the faint ringing of the alarm of conscience. The result of this mating of the unfit has shown us that we must be ever ready to care for an increase in the number of mental defectives and criminals. According to an editorial in the *Providence Morning Journal*, New York had 17,692 more persons sentenced to institutions than last year. The mating of the unfit has increased the burden of the tax payer to staggering proportions, by the upkeep of great public institutions, and the vast personnel and equipment which must be provided in order that these institutions may function properly and humanely. The mating of those unfit casts a continual shadow upon the lives of those who, when the temptations of life were not so imperative as they are today, withheld them and lived decently and well, but today with heads bowed down with family shame, they wring their helpless hands, and with despair cry out, "Oh, God, how long, how long?"

From the economic standpoint, the mating of the unfit is a distinct blow to our self esteem. We pride ourselves upon our business acumen and yet we are so blind, that we see not, nor care not, for the folly that is ours because of the pleasures of the defectives. Is it proper or just that the normal boy or girl, struggling to obtain an education and

existence, should have before them as an incentive to toil, the outlook of a larger yearly tax rate, so that the mental defectives and criminals should enjoy license for a season? If that license could only stop at pleasure the sentimental humanitarian might well say that they were only enjoying that which our Constitution gives to all, "Liberty and the pursuit of happiness," but what a picture of misery unfolds itself as we gaze at the result of this unfortunate pleasure seeking. The walls of the madhouse echo with the ravings of those with minds diseased, the corridors of the almshouse resound with the clatter of the shuffling feet of the unfortunate low grade defective and idiot, and, at every police station there is heard the click of the handcuffs upon those whose mentality is so low that they would rather hear the verdict from the bench of, "six months for non-support," than to go out and work for the girl betrayed, and the unfortunate illegitimate child.

The court records of this state are eloquent testimonials of the mismating of people and the disgrace which follows such mismating. The court proceedings are delayed by the problem cases which confront the judges. They must have a mental acumen far beyond the ordinary individual in order that they may discern the motive for crimes committed, crimes which shock the community by their very senseless atrocity and which exhibit the manifestations of criminalistic instincts, so debased that verily Hell itself is shocked by the depravity.

Year after year I have seen the Sodomist and other perverts blight and taint within the State Institutions those younger lives with whom they come in contact. And even after years spent within the narrow confines of their cemented cells, upon their release these perverts hasten to their own reincarceration because they are obsessed by the impulse of depraved passion at the sight of some innocent child.

Is it wrong to hold men and women forever within the institutional boundaries? Would it not be just and proper to cure them of such obsessions and let them go? Why fill the institutions with people when an operation will give them freedom? Recent statistics compiled by the National Committee for Mental Hygiene revealed the alarming fact that so far back as 1918 there were 232,680 patients in the hospitals for the insane, and while the general population of the United States had

*Read before the Rhode Island Medico-Legal Society,
January 29, 1925.

increased 110.8 during the period from 1880 to 1920 the insane had increased to 468.3 per 100,000. The cry goes out, however, "Oh, you will increase venereal diseases and prostitution if you unsex these people!" In my opinion this is not so, because these unstable, mentally blighted beings will go on and leave behind them, as is proven by the great number of institutional cases, the dregs and ashes of such evolution in the shape of illegitimates, yet, "It is fear of such consequences that holds them back," cries the alarmist opposed to eugenic sterilization, "and without that fear, great and fearful results would ensue."

Has a law ever yet been enacted that would, by fear of it, hold back the torrents of human passion? What sermon, however strong in moral suasion, has held back licentious desire? "Yea though I speak with the tongue of men and of angels and have not charity, I am become as sounding brass and a tinkling cymbal," said the young minister in his sermon. And yet with that admonition ringing in his ears he coolly lays his plans to exterminate the results of his misdeeds by the administration of a deadly poison. "And, oh be sure and fear the Lord alway and mind your duty duly morn and night, lest in temptation's path ye gang astray, implore His counsel and assisting might, they never sought in vain who sought the Lord aright," said the penitent poet in the moments of clear thinking of his misdeeds, and then under the influence of the greatest human passion, bursts out in a pean of song with "Come, lass, and make the bed with me." In one instance the moral character and true spirituality of the poet was great enough to lift him out of the morass of immorality in which he had become submerged, and in the other a perverted and diseased impulse was checked by the electric current. Had this latter case been studied earlier in his career the talents which he displayed could have been well used for the uplift and edification of humanity. In his work on "The Defective, Delinquent and Insane," Dr. Cotton, the medical director of the New Jersey Hospital, quotes, "Whenever possible, abnormal physical conditions should be corrected, especially those which tend to stimulate the sexual organs. A great deal can be accomplished by proper training and instruction, but if there is some fundamental physical trouble the removal of the same will be of more value than any training."

And he goes on to state that, "disturbances of the endocrine system play a very important part in our daily lives and there can be no doubt that the endocrine system plays an important role in the mechanism of mental disorders, and the ductless glands, notably the thyroid, thymus, pituitary, adrenals and sex glands when they are functioning normally, furnish very definite and specific secretions which are necessary to the proper development and functioning of the entire organism. The activities of these glands are closely related. Disturbances of one undoubtedly causes disturbances in others. "The nervous system is very sensitive to disturbances of the ductless glands, the absence of thyroid secretion causes a mental condition known as cretinism, in which the patient has all of the appearance of an imbecile." Here, as in every other department of modern medicine, possibly even more so, the crying need is for the prevention far more than the relief of the individual patient.

"And she went to her death with a smile," quotes the *Providence Morning Journal*, in referring to the case of the little Cosmo girl whose brutally maltreated body was found buried in a shallow grave in the woods.

During the past ten years there have been several brutal murders committed within the vicinity of Providence and these without a doubt have been brought about by the uncontrollable sex urge of some low grade mental defective. Would the pleadings for mercy and the agony of such a child have any influence upon one whose mentality was so obsessed by so vicious and overpowering a "desire and whose physical frame is tenanted by such strange spirits"? It is useless to pay any heed to the repents of such a type for they have not within them the mentality that will bring forth deeds meet for repentance. Cases have been brought to our attention where the father or brother are the parents of their daughter's or sister's child. Living amidst such depraved conditions the young child mother is not able to defend herself and, ruined and degraded, she and her illegitimate child are cast upon the state for shelter and support.

Can the law permanently cure such individuals as these by a few years' sentence? Can restraint drive from the mind those lurid pictures that prompt the crime? Can the daily prison routine of regular meals and sleeping hours, with a slight

amount of manual labor amid other degenerated souls wash from the tablet of memory those visions of illicit pleasure, that dominate the actions? Would it not be far better for the state and for such an individual that the nerve impulses governing certain glandular structure of the body be lessened by a simple operation and the man be free from such impulses that bind and ruin him?

It is said that the appetite groweth upon that which it is fed and that certain glands of the body have a powerful influence upon the formation of character. It is well known that either an hypersecretion or hyposecretion of the thyroid gland has the most marked effect upon the physical and mental welfare of a growing child, and that the transplantation of the sex glands, at least in animal experimentation, show that the sex can be changed, the feminine become masculine, and the masculine become feminine, that the dual characteristic of both male and female can be grafted upon one bird or animal.

The question of the eugenic sterilization of certain types of low grade mental defectives and moral degenerates (and these latter are usually defective mentally) should not be looked upon as a punishment for crime committed, but as a method of medical treatment that will continue to lessen that desire for depraved sexual indulgence that shackles the minds of male and female, and that urges and forces them on to commit these murderous assaults on others. Punishment inflicted by law has no more effect upon these individuals than does one straw check back the roaring torrents of a mountain stream.

One person who had labored in different institutions, said of our state institutions, "that the enormous amount of energy expended within these institutions was appalling, and that something should be done in a medical way so that this torrent of energy might be medically directed and placed out into the community where it would be of some economic value. To this observer it appeared to be the height of folly to keep many of these well fed, full blooded individuals penned up with lovers of their own sex who defile and degrade them. They further remarked, "that murder will be committed in this institution some day and one that will appall the community, and it will be because of the lovers and jealousies of each other so clearly exhibited. These degener-

ates have no other medium of expression, and some surgical operation should be performed on them to lessen the tendency to immoral degeneration." (It has been rumored that the victim of the fire at the state's prison last summer came to his death because of illicit love practices among the prisoners, and the jealousy of another prisoner was the fulminating cause of this tragedy and also of the fire.)

Shall these people pent up within the institutions, fretting out their lives and degrading others they come in contact with, be given assistance by a comparatively simple surgical operation, or shall the state consider that the bodies of those who are held within the confines of an institution by force of law, be held inviolate, and the segregation be the only answer to this most important social problem? The state psychologist said in her annual report that "they should produce no more." Social service is not able to cope with the machinations of the vicious, supervision of these defectives, morons, degenerates and others in the community is not ample enough to watch everyone, and instances are on record that those watched the most have outwitted and eluded the watcher or supervisor and have again brought forth other illegitimate. They have risked everything worth while to them in order that they might enjoy for a few moments the pleasure of an impulse God given, but satanically perverted and directed.

Persons who bring forth a large illegitimate progeny, in my opinion, should be aided and assisted medically, but not punished. They should not be "placed out" in the community amid the temptations of the enticing eye and smiles of others until they are relieved of that which causes them to fall, and which, when removed, shall forever make them free.

There are some who combat the thoughts of sterilization because they say venereal disease will be more prevalent if fear of conception is removed. In my experience, this fear of conception plays a small part, as witness the number of young mothers with a number of illegitimate offsprings, who, blighted by birth and institutionized during the formative period of their life, bring forth and continue the never ending line of mental defectives.

In his conclusions, Dr. Cotton, the eminent authority quoted previously, states, "That emphasis should be placed upon the necessity and im-

portance of the adoption of such a plan of co-operative effort to provide means for the proper diagnosis and interpretations of the physical disturbances, now known to stand in causal relation to the functional psychoses. This alone will provide basis for the proper treatment of the psychotic, the defective and delinquent individual." With this I heartily agree.

During the past few years Professor Bucklin of Brown University has conducted classes in sociology through the institutions. After viewing the pictures of abject misery in the persons of the low grade mental defectives the students have been asked by us, "What was the best thing to do to limit this increase of defectives?"

Usually the vote has stood 50-50 among the young women students that these unfortunates "should be put out of the way." This, of course, to them, seemed to be the best way. To others, the thought occurred that something should be done to prevent them coming into the world to suffer, to be a drag upon others, and a tax upon the state, and with these young earnest students of sociology, I am in hearty accord. The proper way to stop the filling of the institutions by these unfortunates is to stop the parents from begetting them. I bring to the attention of this society that the census shows that the insane and defectives are increasing in proportion in the state far beyond the normal population. I believe that means should be instituted to lessen this increase, and one way to do it is by the sterilization of the mentally defective.

At a meeting of the Conference of Charities and Correction in Boston, 1911, Dr. Charles W. Eliot, President of Harvard University, read a paper on "The Suppression of Moral Defectives," and from this paper I shall quote some of its most salient passages as it relates to this subject. "The prevention of crime through the isolation or extirpation of criminals offers many analogies to the prevention of disease by the isolation or death of diseased persons."

"It is the purpose of this paper to urge that society should treat the victims of moral disaster just as it has now in some good measure learned to treat the victims of bodily or physical disaster." "In treating a slow, chronic, disabling disease like tuberculosis, insanity or syphilis, preventive medicine prescribes isolation in many cases, a general

hygienic mode of life, ample precautions against communicating the disease, and no marriage unless a cure has been clearly effected. This last prescription is of great importance for it is intended to prevent the transmission of disease or enfeeblement to another generation. Let us next compare society's treatment of moral defectives with the best treatment of physical defectives. In the first place, a large proportion of the crimes committed in our country are not treated socially at all, the criminals escaping detection and arrest, or being acquitted when brought to trial through the ingenious use of legal technicalities and delays. This is as if victims of scarlet fever or small pox should be let quite free to move about the community so far as their conditions permitted, society manifesting no active interest in their welfare, and taking no precaution whatever against the spread of their disease." "Many researches into the history of criminal families have now made it sure that the propensity to crime, be it moral or physical, or both, is eminently transmissible, so that criminals, like imbeciles and other physical defectives, will surely breed their like, if left free to do so. To leave them free is to perpetuate and multiply by inheritance the evils and losses which criminality inflicts on the race. This is as if the insane, the tuberculous, and the syphilitic were left by medical practitioners and health authorities quite free to propagate their kind. This comparison suggests strongly that society needs to revise its methods."

"In this revision, what improvements should be aimed at?" He goes on to number the several improvements and declares, "The habitual criminal, who has demonstrated his quality to the public authorities, should be effectively prevented from propagating his kind, this restriction applies to men and women alike. The Indiana law on this subject and the success attained in its application have blazed the trail which all free states should follow, if they would protect themselves from moral degeneracy and from the physical evils and losses which result from criminality. The democratic governments must demonstrate that the free pursuit of happiness which they guarantee to their citizens does not include freedom to commit crimes or to propagate degeneracy."

This eminent educator places these mental defectives in the same category as those suffering

from physical diseases, and believes that the treatment should be on similar lines, likewise Dr. Healy, Director of the Juvenile Psychopathic Institute, Chicago, quotes that Justice Rhodes of England writes an article in a medical journal putting up the matter squarely to the medical profession, asking them what it means when out of 182,000 convictions in a year, 10,000 have been convicted more than twenty times before. "On the face of it," he asks, "doesn't this seem more like a problem for those who have to do with abnormal personalities than merely for the law?"

Thomas E. Mosby, former Pardon Attorney for the State of Missouri, states, "The suppression of crime is not at all a legal question. It is rather a problem for physicians and economists," and in reviewing the prophylaxis of eugenics further states, "as the only alternative remedy then, eugenists with one accord are advocating the enactment of laws favoring the sterilization of the defective classes, and in this they are quite generally receiving the support of medical men and criminologists."

In January, 1920, the State of Rhode Island was rated as number 13 in the list of states having as high as 51.61 mental defectives per 100,000 of the population, and it stood 11th in the list of states concerning the insane, having 258.8 per 100,000 of the population.

Laws authorizing the sterilization of defectives and feeble minded persons have been enacted in twelve states, viz: Indiana, 1907; California, Connecticut, Washington, 1909; Iowa, New Jersey, 1911; New York, Nevada, 1912; Kansas, Michigan, North Dakota and Wisconsin, 1913; California, 1913.

We believe that enough has been said upon this subject to show that many of the forward states have enacted laws upon the sterilization of those mental defectives who have become a burden to the states, not only as concerns economy, but the lowering of the social status of the people of the state. Such laws are enacted under the police power of the government to preserve public health, safety, morals and the general welfare, and usually authorize sterilization of only persons confined in public institutions such as insane asylums, reformatories, penitentiaries and like places. The police power, it may be said, is nothing more or

less than the power of self defense and is an attribute inherent in the state.

The Rhode Island Medico-Legal Society was founded for the dissemination of knowledge brought before it by a composite body of medical and legal minds and to give to the state the results of their observations on legal and medical matters.

And to this end I offer a resolution trusting that it may receive your hearty consideration, approval and support, that through the agencies of this Society a bill will be presented to the legislature that will place the State of Rhode Island along with the other progressive states who have on their statutes, laws governing the sterilization of their mental defectives in order that insanity, criminality, feeble mindedness and moral delinquency shall be decreased.

The resolution is as follows:

Whereas, Inasmuch as it appears that there is an increase in the number of mental defectives and criminals in the state, and

Whereas, It appears that several of the most atrocious murders committed recently in the state have been upon young children, evidently the acts of mental degenerates; and

Whereas, It does seem proper and just that this Society place itself on record that it is in favor of any just and lawful means to reduce crime, defectiveness and moral delinquency in the state; be it hereby

Resolved, That this Society stands ready to approve and support a bill in the present Legislature for the Eugenic Sterilization of Mental Defectives and Criminals, and that a committee be hereby appointed to draft and present a bill to the Legislature for this purpose.

SOME PROBLEMS MET WITH AT THE SCHOOL FOR FEEBLE MINDED.*

BY DR. JOSEPH LADD
OF THE EXETER SCHOOL.

I feel somewhat out of place in trying to say anything in a symposium on psychiatry in our state institutions, as we have practically no psychiatry in our school.

Of course, we try to inquire into and understand

*Read in Symposium on Psychiatry at meeting of the Rhode Island Medico-Legal Society at the State Infirmary, October 30, 1924.

the personality of each one of our patients, in order that we may be of as much benefit to them as possible, but this is only a crude approach to psychiatry, and not true scientific psychiatry. Our patients are more likely to come in contact with psychiatry in the situations arising previous to their admission to the school, or, at least, this is the place in which they should come in contact with the psychiatrist, to the end that those individuals showing mental derangement may be prevented from coming to our school.

Occasionally we have a patient whose behavior suggests that he may be suffering from some form of mental disease instead of, or in addition to, mental defect. In such a case as this we call upon Dr. Donley, the State Psychiatrist. He investigates the case, and we act, as far as possible, on his recommendation.

At one time we had a patient, who showed but very little intellectual defect, but whose emotional nature was very unstable, and who showed grave character defect. We did everything that we thought might be of any service to this patient, but with very little result. I then placed the case before Dr. Ruggles, and asked him if he could suggest any course of procedure that might promise results. His reply was that his experience went to show that there was very little result to be expected in treating such patients as came from degenerate stock. If one had a good stock to start with, there was considerable hope of improvement, or even cure, in these cases, but if the parent stock was poor there was very little prospect of success. I should like to ask Dr. Donley in his remarks to touch on this point.

We at the school make more use of psychology than we do of psychiatry. So far as possible each one of our patients is given a careful psychological examination, and from this in connection with the history of the cases, both before admission and after, we plan what course of education seems to be best suited for each patient. I think this psychological work is very valuable, and I think that the proper interpretation of the behavior of our patients from the standpoint of psychology will be of great assistance to us in determining the question of parole of our patients. Certainly the greater number of standpoints from which we can study our patients the greater the chance of our properly treating them.

ANNOUNCEMENTS

UNITED STATES DEPARTMENT OF AGRICULTURE
Bureau of Animal Industry
2001 Customhouse Building, Boston, Mass.

February 9, 1925.

Dr. Peter P. Chase,
Providence County Medical Association,
122 Waterman Street,
Providence, R. I.

Dear Sir:

Arrangements are being made to hold the sixth annual conference on tuberculosis eradication in Providence, R. I., June 16 and 17. We expect to put on one of the best programs possible. The conference should be of interest to all members of your association and we would like to have you delegate a number of your members to be present at a preliminary meeting to be held Tuesday, February 17, at 2 P. M., in the Committee Room, at the Chamber of Commerce Building, Providence, R. I.

Very truly yours
E. A. CROSSMAN
*Inspector in Charge
Tuberculosis Eradication*

NEW ENGLAND HEART ASSOCIATION.

February 24, 1925.

"The name of the Boston Association for the Prevention and Relief of Heart Disease has recently been changed to the New England Heart Association. This has been done to enlarge the scope of our association, and to bring into the association prominent men and women of both the medical and lay groups, interested in the subject of heart disease.

"Our association is in close touch with all the heart clinics of Boston, our aims being:

"(a) To study scientifically the problems associated with heart disease.

"(b) To discuss the important problems of heart disease at both scientific and popular meetings.

"(c) To coordinate the work of individuals and agencies interested in the problem of heart disease, for example: hospital clinics, social service organizations, philanthropic and industrial groups.

"The association has a central office with an executive secretary who will welcome visitors and will be glad to talk over plans relative to the formation of local heart clinics.

"We would appreciate it if you would call this matter to the attention of your society and send us a list of names of the men interested.

"Sincerely yours
HENRY JACKSON
"President"

THE RHODE ISLAND MEDICAL JOURNAL

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Section on Medicine—4th Tuesday in each month, Dr. Charles A. McDonald, Chairman; Dr. C. W. Skelton, Secretary and Treasurer.

R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President Dr. Frank M. Adams, President; Dr. Jeffrey J. Walsh, Secretary-Treasurer.

The R. I. Medico-Legal Society—Last Thursday—January, April, June and October. Dr. H. S. Flynn, President; Dr. Jacob S. Kelley, Secretary-Treasurer.

EDITORIALS

ARE WE GETTING FULL VALUE FROM OUR HOSPITALS?

A hospital has multiple functions, some of which are generally recognized, while others are less widely appreciated.

Obviously, the first duty of a hospital is to render the best possible care to the sick and injured. This the public demands. It is direct service to the community.

The less widely appreciated functions include practical instruction of the young graduates in medicine who will shortly become the practition-

ers on whom the public must rely, and instruction of the pupil nurses who after three years will carry on as graduates.

The advantages to the visiting staff of wide experience of cases under conditions most favorable for clinical and laboratory investigation, and contact with young and enthusiastic men fresh from the medical schools with their advanced teachings, are best appreciated by the visiting men themselves.

The object of this article is to call attention to a possible extension of these advantages to the medical men not directly connected with the hospital staffs.

It would be of great mutual advantage if the man who sends a case into a hospital could find time to follow it up with occasional visits to the wards, with informal conferences with the men on duty there. The outside man could frequently, from his knowledge of the patient's family, past history or environment, give valuable suggestions as to diagnosis or advice concerning the later disposition of the patient. At the same time he could be given the results of all laboratory tests and hospital observations and might pick up some new point on treatment.

Patients also like to feel that their own doctor is keeping in touch with them during their hospital stay. If they have been benefited by the hospital treatment they are much more likely to return to their former doctor if they feel that he has been co-operating and is thoroughly familiar with all the latest aspects of the case.

It is certain that any visiting physician or surgeon would welcome this sort of contact as an opportunity to increase the efficiency of his work and perhaps in some small measure to be of service to his fellow practitioners.

If these suggestions could be carried out, even to a very limited extent, our local institutions, while not properly teaching hospitals, would to a degree be increasing their value to the community.

A NEW MEDICAL PRACTICE ACT.

In the files of the judiciary committee of the State Legislature is an act which provides for the appointment of a Board of Chiropractors, whose duty shall be to examine candidates to practice chiropractic.

A hearing was held some time ago to which were invited only proponents of the measure. It was reported favorably to the Legislature but was re-committed for the purpose of making certain amendments. A hearing was granted by the committee to a limited number of physicians. There was present at this hearing only a half of a dozen. They endeavored to lay before the members the injustice of the act under consideration, and the menace to the community of allowing persons who are not able, nor claim, to distinguish one disease from another, to treat sick people.

It was useless to argue the merits of chiropractic, and no attempt was made to do so. But a con-

certed appeal was made to the committee, some of whom it is hoped were fair-minded and intelligent men, that if they wished to give recognition to this cult, that its members be required to pass the same examinations upon the fundamental medical sciences required of every physician who desires to be licensed. By requiring such examinations of all candidates who desire to treat sick people there would be some expectation that they would be able to diagnose disease conditions and they could then practice any method they choose. Under such conditions a Board of Chiropractic, of Osteopathy, etc., might be appointed to examine in these various methods of treatment. Such a bill is being considered in the State of Connecticut.

It was evident to those present at this hearing that several members of this committee were, for one reason or another, determined to report this bill back to the Legislature, with "ought to pass" affixed, and it is not at all unlikely that it will pass.

If it goes through, who is to blame? Physicians. Of course it is humiliating and disgusting for doctors to be obliged to go before the Legislature to combat such fakirs, but how else are they to be prevented from getting what they want?

As reasonable men, the members of the Legislature will listen to fair statements from physicians who desire that the public be protected against all persons who desire to treat the sick, unless they possess the necessary qualifications to deliver the best of what is known about disease and its treatment.

There is only one way to stifle this perennial attempt by chiropractors and other cults, and that is by drawing up an air-tight medical practice act, which will require every would-be doctor to pass the same examination in the fundamental sciences of medical practice, and the modern scientific methods of treatment of disease conditions. Then, if any one wishes to specialize in any direction there shall be examiners whose duty it shall be to pass upon the candidate's theoretical and practical knowledge required to establish his reliability.

This could and should apply to surgery, surgical specialties and other recognized branches.

It is squarely up to the R. I. Medical Society to appoint a committee who shall give this matter careful study and, after approval by the Society, a comprehensive act should be introduced into the

next Legislature. And once it is introduced it is the solemn duty of every physician to bring the matter to public attention and to members of the Legislature, in particular.

In this way, and in no other, can the problem be solved. There will always be quacks so long as the world lasts, but let it not be said of reputable physicians, who are trying to prevent sickness and suffering and death, that they could or would not prevent legalization of quackery.

THE NEED OF MEDICAL CENSORSHIP OF ALL HEALTH PROBLEMS.

In the past ten years we have seen a very widespread and growing interest in matters relating to mental health, and with this interest there have been a number of related activities which, at times, have assumed magnificent proportions and have upon occasions rather overstepped the bounds of medical wisdom.

First, we had a flood of psychoanalytic effort, which, in the hands of properly qualified physicians served a most valuable purpose—namely, the investigation, the understanding and the treatment of hitherto obscure and often hidden processes of the mind. But when this work was undertaken by the layman and the amateur psychoanalyst a good deal of damage was done and the mental specialist often found patients who had been needlessly alarmed and psychically upset through untrained and ill advised contacts.

Then came the period of the intelligence tests, and again we saw the school teacher, the social worker, and others less qualified, deciding educational and health problems on the basis of a slide rule called the "intelligence test," of which we now have no less than sixty varieties.

Now we are passing through a period in which child guidance is the open sesame to the adjustment of much present and most of the future mental mal-adjustments from which we now suffer—and, again, the teacher, the layman, and especially the social worker, has assumed unwarranted authority in this work.

The medical profession has always welcomed trained and qualified assistance and has been ever ready to utilize it where wise and possible, but the medical profession also knows full well that psychoanalysis may be a dangerous instrument in

untrained hands, and that the intelligence tests alone will not solve the problem of a retarded boy whose retardation is due to hypo-functioning of the thyroid gland, and also our profession feels very strongly that child guidance without a competent physical examination, and an estimate of the emotional disability by a trained physician is potentially a dangerous proceeding. And when the social worker attempts to delve into the practice of endocrinology and to utilize the carefully prepared material of the physician for the delivering of lectures upon which there is no medical censorship, we feel it is time to protest.

RHODE ISLAND PHYSICIANS, ATTENTION.

About once in every thirty days, the mailing office of the RHODE ISLAND MEDICAL JOURNAL is in receipt of from one to twenty (sometimes more) advices from the postoffice that certain copies of the MEDICAL JOURNAL cannot be delivered, as the addressee is not at address given.

This is largely due to the fact that the physicians' change of address is not forwarded to either our mailing department or to the postoffice authorities, who, by the way, sometimes overlook the change. A roundabout discovery of the new address is at times brought about by advertisements observed in the daily papers; this is unsatisfactory as well as uncertain.

It would not appear to be too much to ask the physicians of the State to forward the new address to either the business manager, or the librarian, 106 Francis Street. Our executives are not overpaid; try and lighten their labors by promptly reporting any change of address.

IN MEMORIAM.

DR. GONZALO EDWARD BUXTON.

Son of Edward and Julia Clarinda Clopton (Coburn) Buxton, born in Worcester, Massachusetts, February 18, 1849; died in Providence, January 26, 1925.

Few among the physicians of Rhode Island have had such a varied and widely extended experience, in their medical career, as had our associate, Dr. G. Edward Buxton.

His early home was in Worcester. After general preparatory studies in the public schools of that city, and a special course at the University of Kentucky, he began the study of medicine with Dr. Walter Burnham of Lowell, Massachusetts, in 1872, and in September of that year he entered Harvard Medical School for the regular three year course. After attending two courses of study at Harvard successfully, he studied for the third year in New York City at the College of Physicians and Surgeons, Columbia University, and was graduated there in March, 1875.

Immediately after this he took a course at the Long Island College Hospital in Brooklyn and in the latter part of May accepted an appointment for a year as resident physician and surgeon at St. Francis Hospital, Pittsburg, Pennsylvania. In June, 1876, he completed the examinations at Harvard Medical School and received the degree of Doctor of Medicine, from Harvard.

He then went to Europe and spent the next year there in medical studies; including a four months course at the Rotunda Lying-in Hospital, Dublin, as resident physician, six months in London hospitals, taking special courses, and two months in Paris.

Returning to the United States, in the summer of 1877, he settled in Kansas City, Missouri, and began his life's work of nearly forty-five years as a physician and surgeon.

He did well, and in 1883 he again went abroad, resumed and completed the course at the Rotunda Lying-in Hospital, and received the degree of Licentiate in Midwifery, Dublin. On this visit to Europe his wife accompanied him, and they spent the remainder of the year in travel and studies on the continent.

After this, his second year of study in Europe, he located in Pawtucket, Rhode Island, in September, 1884, and continued in practice there until, in 1888, he removed to National City, a suburb of San Diego, California.

In 1896 he returned to Rhode Island, and Providence became his home for the rest of his life. Here he was engaged in general practice with office and residence on Broad Street, opposite Washington Park, from 1896 to 1920, and then on Waterman Street, near Hope Street, until 1922, when he retired to enjoy a well earned rest, leaving his son to "carry on" in his stead.

His son, Dr. Bertram H. Buxton, M.D., Harvard, 1908, had been associated with him in practice from 1912, except for the time he was in the medical service in the A. E. F. in the great war.

Doctor Buxton, the father, was elected a Fellow of the Rhode Island Medical Society in September, 1884, and became a member of the Providence Medical Association in 1886.

On his return from California in 1896 he resumed his active membership in each of these organizations.

He had been a member of the Missouri State Medical Society and the District, County and City Medical Societies while living in Kansas City, and had been adjunct professor of Obstetrics in the University of Kansas City, and a member of the hospital dispensary staff; and while he lived in National City he was a member of the board of health and also a member (and president) of the San Diego County Medical Society.

He was for many years a member of the American Medical Association and at its annual meeting held in San Francisco in 1894 presented an interesting paper entitled "Champagne and Strychnine in Chest Troubles of the Aged." (Jl. A. M. A. pp. 144-146.)

He was a Mason, a Knight Templar, a past Chancellor Commander in the order of the Knights of Pythias and belonged to the Ancient Order of Foresters, Independent Order of Red Men and Sons of St. George.

He was also a member of the Congregational Church and for quite a number of years was a deacon in Union Congregational Church of Providence.

Dr. Buxton was also a successful man of affairs. He had prepared himself well before assuming the duties of a physician, and he knew men as well as medicine. He established himself quickly in a good practice in the repeated changes he made in his residence.

And Doctor Buxton had a just pride in his forbears, who, for so many generations, have honored the name of Buxton. He was a descendant in the eighth generation from Anthony Buxton, who came from Norfolk County, England, to Massachusetts Bay Colony and settled in Salem in 1637.

And back of Anthony Buxton the line has been traced, through many generations, back to Sene-

schal Bertram de Buxton, who came with William the Conqueror from Normandy to England, A. D. 1066.

But if Doctor Buxton felt pride in his lineage he also realized the responsibility attaching to the inheritance. *Noblesse oblige.*

Doctor Buxton married, in 1878, Miss Sara A. Harrington of Worcester, Massachusetts. Their sons, G. Edward Buxton, Jr., and Dr. Bertram Harrington Buxton, bid fair to honor the name.

No memorial on the life of Doctor Buxton can fitly close without a just tribute to his personality as a man, a physician and a friend.

The older members of the Association look back with pleasure, over many years, at our privilege of regularly meeting him, for he was ever a faithful attendant.

He was genial and most friendly in his manner and deeply interested in the work and welfare of the Association.

He was also a man of very wide acquaintance with his fellow men and it is safe to say that in all of his several fields of practice he enjoyed a large and most loyal clientele.

His experience in general and country practice had given him the self reliance and knowledge of humanity that such experience best insures.

He was distinctly a man of the people, a patriotic citizen, a faithful, honored physician, who will greatly be missed by those who knew him and lived closest to him.

It is to be regretted that such all-round doctors are becoming almost a memory.

CHARLES H. LEONARD
NAT. H. GIFFORD
PETER PINEO CHASE

SOCIETIES

PROVIDENCE MEDICAL ASSOCIATION.

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. Albert H. Miller, Monday evening, April 6, 1925, at 8:45 P. M.

The records of the last meeting were read and approved.

The Standing Committee having approved the applications of William P. Davis, Frank W. Har-

rah and Ransom H. Sartwell, they were elected to membership.

Dr. Charles H. Leonard read a memorial on the death of Dr. Gonzalo Edward Buxton and it was voted to spread this on the records, send a copy to the RHODE ISLAND MEDICAL JOURNAL for publication, and a copy to Dr. Buxton's family.

Dr. Frederick N. Brown spoke regarding an auto emblem to replace the present caduceus, the new one to be copyrighted and issued by the American Medical Association to members only.

Dr. Miller mentioned the death of Dr. Edward M. Harris, a former secretary and president of the Association, and appointed Drs. F. T. Rogers, W. R. White and C. W. Skelton a committee on memorial. He also appointed as a memorial committee on the death of Dr. Harold M. Howard—Drs. G. W. Van Benschoten, Howard E. Blanchard and the Secretary.

Dr. H. G. Partridge reported a case of eclampsia developing under strict watching and treatment and resulting in death.

Dr. Frank E. McEvoy reported a case of lingual goitre which manifested itself by hoarseness and a prominent swelling on the back of the tongue. This was removed at operation and Dr. James Hamilton demonstrated it to the meeting as a benign adenocystoma of thyroid origin, showing on the screen a number of micro photographs illustrating its structure.

Dr. Ira H. Noyes read a paper on "Synergistic Anesthesia in Obstetrics," a report from the Providence Lying-in Hospital, in which he discussed in detail 14 cases delivered under a method devised by Gwathmey at the New York Lying-in Hospital. Morph. Sulph. in a solution of Mag. Sulph. was given s. c. when labor was fairly well advanced in the first stage and this was followed about one-half hour later by quinine, alcohol, ether and oil by rectum. Suffering was relieved and labor progressed satisfactorily in nearly all cases. A series of slides illustrated the cases in detail. Dr. Cochran, who had been an interne in charge of these cases, discussed the paper.

Dr. Howard E. Blanchard read a paper entitled, "Some Remarks on Mastoiditis with Reports of Interesting Cases"—with Delineoscope demonstration. This machine projects on a screen excellent views with no necessity for darkening the room. Dr. Blanchard showed two children, one of whom

had been operated upon several times for tuberculous mastoiditis and had finally cleared up under a quartz lamp treatment. The other had recovered after mastoidectomy with meningitis. He also reported one other case. The paper was a concise and clear exposition of the diagnosis of mastoiditis. Dr. L. B. Porter discussed it.

The meeting adjourned at 10:55 P. M. Attendance, 83. Collation was served.

Respectfully submitted

PETER PINEO CHASE
Secretary

WASHINGTON COUNTY MEDICAL SOCIETY.

The quarterly meeting of the Washington County Medical Society was held in Westerly, Thursday morning, April 9, 1925.

At 11 o'clock Dr. J. Gordon Anderson of New York, spoke on "Para-Vertebral Anesthesia in Hysterectomy" at the Central Theatre, illustrating his lecture with moving pictures.

The business meeting followed at the Elm Tree Inn. The following proposed amendment to the By-Laws was acted upon at this meeting:

"The regular meetings of the Washington County Medical Society shall be held on the Wednesday preceding the second Thursday of January, April, July and October of each year."

Luncheon was served at 1 o'clock.

W. A. HILLARD, M.D.
Secretary

HOSPITALS

THE MEMORIAL HOSPITAL.

The following is a report of the February meeting of the Memorial Hospital Staff:

Meeting held on February 3, 1925.

The meeting was called to order by President Wheaton at 9 A. M.

There were twenty members present. Mr. E. R. Richardson and Mr. Robert Jenks, members of the Board of Trustees, were also present.

Minutes of the January meeting were read and approved. Dr. F. V. Hussey read a very interesting paper on "Gastric Hemorrhage." This paper was discussed by members of the staff.

Remarks were made by Mr. Richardson and Mr. Jenks. Meeting adjourned at 10:25 P. M.

The following is a report of the March meeting of the Memorial Hospital staff:

Meeting held on March 3, 1925. The meeting was called to order by the President at 9:15 P. M. There were 26 members present. Mr. Frederic W. Easton and Mr. S. Willard Thayer, members of the Board of Trustees, were also present.

Minutes of the February meeting were read and approved.

A very interesting paper on "Gastric Ulcer," with lantern slides and X-ray pictures, was presented by Dr. James F. Boyd of Providence. Surgical aspect of cases was discussed by Dr. A. T. Jones; medical aspect of cases was discussed by Dr. George Mathews.

Remarks were made by Trustees Easton and Thayer and the meeting then adjourned.

Hospital Notes.

The new Service Building has been completed. The new X-ray Department is now in operation. On February 10 a class of Probationers entered the hospital for training.

After February 15 Dr. F. V. Hussey will be sojourning in Europe.

JOHN F. KENNEY
Secretary, Memorial Hospital Staff

CITY HOSPITAL.

On April 1st Dr. Julius Goddard Kelley finished his service and began an internship at the Rhode Island Hospital.

Dr. Edward Scott Goodwin finished his service and went to the New Haven Hospital, New Haven, Conn., to an internship in pediatrics.

On the same date Dr. Alton Stackpole Pope and Dr. Peter Johannes Vivier replaced the two internes who left.

The regular meeting of the Staff Association was held at the Hospital on March 18th.



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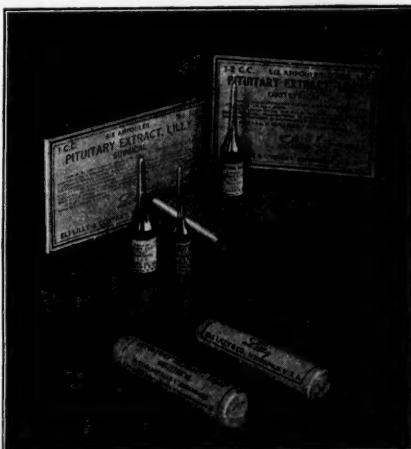
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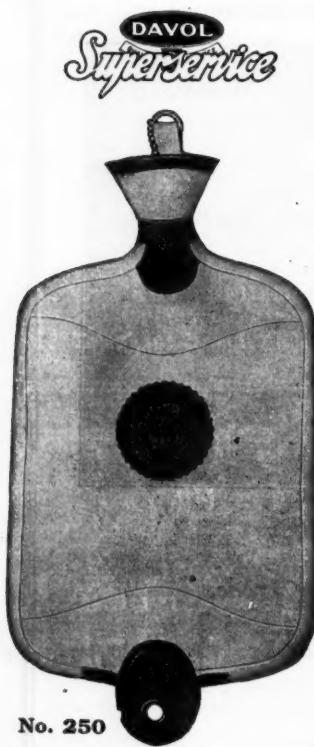
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